

EXHIBIT A

PROOF OF CLAIM		Page 1 of 3
<b>Name of Debtor</b> <div style="font-size: 1.2em; font-family: cursive;">USA Commercial Mortgage Co</div>	<b>Case Number</b> <div style="font-size: 1.2em; font-family: cursive;">06-10725-LBR</div>	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">REC'D OCT 09 2006</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED AND FILED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">7006 SEP 25 A 0 27</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COURT</div>
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<div style="font-weight: bold; font-size: 1.2em;">DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</div> <div style="font-size: 0.8em;">If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</div> <div style="font-weight: bold; font-size: 1.2em;">THIS SPACE IS FOR COURT USE ONLY</div>
<b>Name of Creditor and Address</b> <div style="font-family: monospace; font-size: 0.8em;">11321241001704</div> <div style="font-size: 0.8em;">TDS REVOCABLE FAMILY TRUST DATED 9/29/98 C/O T DWIGHT SPER &amp; BONNIE J SPER TRUSTEES 1005 CYPRESS RIDGE LN LAS VEGAS NV 89144-1425</div>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
<b>Creditor Telephone Number</b> (702) 243-5999 <b>Last four digits of account or other number by which creditor identifies debtor</b> <div style="font-size: 1.2em; font-family: cursive;">Client ID 2854</div>	<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____.	
<b>1 BASIS FOR CLAIM</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Goods sold</div> <div style="width: 33%;"><input type="checkbox"/> Personal injury/wrongful death</div> <div style="width: 33%;"><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</div> <div style="width: 33%;"><input type="checkbox"/> Unremitted principal</div> <div style="width: 33%;"><input type="checkbox"/> Services performed</div> <div style="width: 33%;"><input type="checkbox"/> Taxes</div> <div style="width: 33%;"><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</div> <div style="width: 33%;"><input type="checkbox"/> Other claims against servicer (not for loan balances)</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Money loaned</div> <div style="width: 33%;"><input type="checkbox"/> Other (describe briefly)</div> <div style="width: 33%;"><input type="checkbox"/> Last four digits of your SS #: _____</div> <div style="width: 33%;"><input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)</div> </div>		
<b>2 DATE DEBT WAS INCURRED</b> 9-22-03		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<div style="display: flex;"> <div style="width: 50%;"> <b>UNSECURED NONPRIORITY CLAIM \$</b>  <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.   <b>UNSECURED PRIORITY CLAIM</b>  <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.            Amount entitled to priority \$ _____            Specify the priority of the claim _____  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)         </div> <div style="width: 50%;"> <b>SECURED CLAIM</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).            Brief description of collateral _____  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____            Value of Collateral \$ <u>UNK</u>            Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____   <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)  <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> </div> </div>		
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured) \$ <u>25,000 + interest</u> (secured) \$ _____ (priority) \$ <u>25,000 + INT</u> (Total)		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		<b>THIS SPACE FOR COURT USE ONLY</b>
<b>DATE</b> 9-25-06		<b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <div style="font-size: 1.2em; font-family: cursive;">T. Dwight Sper Trustee</div>

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

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